DATE:	12-10-04		
TO:	12 -10-04 Issue fee		
FROM:	Office of Initial Patent Examina	ition	
SUBJECT:	Fee Due		
APPLICAT	TION NUMBER: 10/633	861	
authorizatio	e for the attached document submer following reason. Please checon to charge a deposit account. If appropriate fee. If an authorization in the period of the charge and the period of the charge and the charge are fee.	k the application	on for the appropriate
D Insuffici	ent fee by check		
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The correct fe	ee code: <u>1506</u>	amount	\$ 635
The suspende	d fee code: 197	amount	-\$ 665
Fee Due		amount	=\$_20
If you have an Eleanor Kurtz	y questions, please contact Cynth at 703-308-3642.	ia Streater at 7	03-306-5430 or
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